



BANK DEPOSIT REQUEST

BANK INFORMATION			
Bank Name			
Primary Contact	Name/Title:		
	Phone:	E-Mail:	
	Address:		
	City	State	Zip
DEPOSIT REQUEST			
Amount Requested: \$		Interest Rate: %	
Term: Overnight () Months			
Reason:			
BANK FINANCIAL INFORMATION			
Total Loans, net: \$		Total Deposits: \$	
Loan to Deposit Ratio: %		State Deposits/Total Deposits: %	
Total Assets: \$		Risk Based Capital Ratio: %	
Return on Assets: %		Return on Equity: %	
CRA Rating: Outstanding () Satisfactory () Needs to Improve () Non-compliant ()			
Current Amount of State Treasury Deposits: \$		Member of SAFE: Yes () No ()	

Signature of Bank Representative	Date

Fax or email the completed form to: Fax: (334) 242-4242

E-mail: cash.management@treasury.alabama.gov

For Treasury Use Only

Date Received:	Action By:
Action:	